

MEMBER INVOLVED		SUBJECT INFORMATION		REASON FOR USE OF FORCE (Check all that apply)		WEAPON DISCHARGE INCIDENT		CASE INFO.	
DATE OF INCIDENT 14-MAR-2012		TIME 20:35:00		ADDRESS OF OCCURRENCE 5155 W LAKE ST CHICAGO, IL 60644		LOCATION CODE 304		BEAT/OCCUR 1532	
5. POSITION 9161		8. LAST NAME PETRENKO		7. FIRST NAME THOMAS E		8. STAR NO. 13458		9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
10. RACE CODE WHI		11. AGE [redacted]		12. HT 602		13. WT. 178			
14. DATE OF APPT. 19-JUN-2000		15. EMPLOYEE NO. [redacted]		16. UNIT & BEAT OF ASSIGNMENT 015 1556		17. DUTY STATUS <input checked="" type="checkbox"/> On <input type="checkbox"/> Off		18. MEMBER INJURED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20. LAST NAME CARTER		21. FIRST NAME LEEVOV		22. ML [redacted]		23. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
24. RACE BLK		25. D.O.B. [redacted]		26. HT 601		27. WT. 186			
28. ADDRESS [redacted]		29. TELEPHONE NO. [redacted]		30. WAS SUBJECT ARMED/OTHER (SPECIFY) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
33. WHERE WAS MEDICAL TREATMENT OBTAINED? COOK COUNTY HOSPITAL - STROGER HOS		34. BY WHOM? E/R STAFF		35. CONDITION <input checked="" type="checkbox"/> Hospitalized <input type="checkbox"/> Apparently Normal <input type="checkbox"/> Under Influence		36. CHARGES PLACED [redacted]		37. CS NO. 12345678	
38. PASSIVE RESISTER <input checked="" type="checkbox"/>		ACTIVE RESISTER <input checked="" type="checkbox"/>		ASSAILANT ASSAULT <input checked="" type="checkbox"/>		ASSAILANT BATTERY <input checked="" type="checkbox"/>		ASSAILANT DEADLY FORCE <input checked="" type="checkbox"/>	
DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input checked="" type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input checked="" type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>	
STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____ [redacted]		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>	
OTHER _____ [redacted]		OTHER _____ [redacted]		OTHER _____ [redacted]		OTHER _____ [redacted]		OTHER APPARENT HANDGUN [redacted]	
MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input checked="" type="checkbox"/>	
VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____ [redacted]	
ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe In Box 4b) <input type="checkbox"/>		IMPACT MUNITION (Describe In Box 4c) <input type="checkbox"/>			
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>							
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>							
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>							
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>							
OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>							
OTHER _____ [redacted]		OTHER _____ [redacted]							
39. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [redacted]		40. ADDITIONAL INFORMATION [redacted]							
POSITION [redacted]		STAR NO. [redacted]		UNIT [redacted]					
41. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> Daylight <input type="checkbox"/> Night <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input checked="" type="checkbox"/> Poor Artificial <input type="checkbox"/> Good Artificial		44. WEATHER CONDITIONS CLEAR			
45. MAKE/MANUFACTURER BERETTA-US (BANTAM BRIGADIER SS1, EMPIRE, PUMA)		46. MODEL 92D		47. BARREL LENGTH 4.00		48. CALIBER/GAUGE 9 MM			
49. TASER DART ID NO. [redacted]		50. WEAPON SERIAL NO. (Include Letters) BER060806		51. CHICAGO GUN REG. NO. 626065		52. IF FIREARM OWNER ID. NO. [redacted]		53. HANDGUN CERTIFICATE NO. [redacted]	
54. SPECIAL WEAPON CERTIFICATE NO. [redacted]		55. PROPERTY INVENTORY NO. [redacted]		56. TYPE OF AMMUNITION USED Department Issued		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOOTS MEMBER FIRED 5	
59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) [redacted]		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [redacted]		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> RT. SIDE (WAIST) <input checked="" type="checkbox"/> LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) [redacted]			
63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) [redacted]		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [redacted]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) KEYLAR VEST		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - .05 FT. <input type="checkbox"/> 02 .05 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.							
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input checked="" type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input checked="" type="checkbox"/> 05 OTHER (SPECIFY) RUNNING							
70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.					
71. REPORTING MEMBER (Print Name) PETRENKO, THOMAS E		STAR/EMPLOYEE NO. 13458		SIGNATURE [redacted]					
15-MAR-2012 07:48:54									
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.									
72. REVIEWING SUPERVISOR (Print Name) ROMAN JR, WILFREDO		STAR NO. 2594		SIGNATURE [redacted]		DATE REVIEWED 15-MAR-2012 07:50:32		TIME	

LOG# 1052578

Attachment # 118

## WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Hospitalized

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on all known facts at this time the officer's actions were in compliance with our policy.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION.

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

ESCALANTE, JOHN J

SIGNATURE

DATE COMPLETED

TIME

15-MAR-2012 08:00:16

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO/FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR'S THIS EVENT No.

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